Health Care Financing Administration
United States Department of Health, Education and Welfare

EPSDT: ORGANIZATION

SPECIAL NOTE

Since the Child Health Assessment Act of 1977 (CHAP) is currently pending in Congress, the requirements of this new legislation have been reflected in the final editing of this document.

THE ADMINISTRATIVE ORGANIZATION OF EPSDT

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This is one of six information booklets with accompanying training materials for the Medicaid Early and Periodic Screening Diagnosis and Treatment (EPSDT) program. These materials were prepared for the United States Department of Health, Education and Welfare by the EPSDT Training Materials Development Project at The University of Michigan, a collaborative effort of the School of Public Health (Department of Medical Care Organization and Program in Maternal and Child Health) and the School of Social Work (Program for Continuing Education in the Human Services). Project co-directors are Eugene Feingold, Ph.D., Armand Lauffer, Ph.D., and Ruben Meyer, M.D. All products were prepared under grant number 47 P 90036/501 from Public Services Administration, Office of Human Development, U.S. Department of Health, Education and Welfare under authority of Section 426 of the Social Security Act.

Additional copies of this and other project materials are available from the U.S. Department of Health, Education and Welfare, Health Care Financing Administration, The Medicaid Bureau, Office of Child Health, Washington, D.C. 20201.

CONTENTS

NOTE TO THE READER

Medicaid programs can vary among states. Each state establishes its own criteria of eligibility and defines its own package of services within federal guidelines. This booklet attempts to discuss some of the features of the Medicaid Early and Periodic Screening Diagnosis and Treatment program which are common to all states and to illustrate some variations in its implementation.

Although the term EPSDT is used throughout the booklet, the programs providing periodic child health screening, diagnosis, and treatment may have different names in different states (e.g. Child Health Assurance Program—CHAP—in New York; Medi-Check in Illinois; Project Health in Michigan etc.).

INTRODUCTION

This booklet describes the distribution of administrative responsibility for the Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Written for EPSDT workers, their supervisors, and administrators, it provides an overview of EPSDT as a national, state, and local program, and describes some of the agencies and programs with which EPSDT cooperates.

SECTION I

EPSDT—THE NATIONAL LEVEL

WHO IS RESPONSIBLE FOR EPSDT?

The ultimate responsibility for EPSDT rests with the President and the Congress. Together they define national policy and set priorities for federal programs. While Congress passes legislation and allocates funds to establish and implement programs such as EPSDT, the President supports or discourages action taken by Congress and by administrative agencies.

EPSDT is administered by The Medicaid Bureau (MMB). Until 1977, MMB was part of the Social and Rehabilitation Service; now, it is part of the Health Care Financing Administration (HCFA), a division of the Department of Health, Education and Welfare (HEW). HCFA issues guidelines and regulations to the states on the scope of various components and on methods for operating their EPSDT programs, monitors state programs to assure compliance with federal regulations, and provides them with technical assistance.

WHAT GROUPS ARE INTERESTED IN EPSDT?

A number of organizations are concerned with EPSDT. Within HEW, the Public Health Service and the Office of Child

Development carry on EPSDT-related activities. Citizen groups which support the rights of welfare recipients and the interests of children have successfully brought suit in court to hasten EPSDT's implementation, and have maintained their interest in the program. From the outset, professional associations of health care providers have participated in the development of the program and have been asked to collaborate in the preparation of guides on implementation of various aspects of EPSDT.

WHAT ARE THE LESSONS OF EPSDT FOR OTHER PROGRAMS?

Though a relatively new program, ESPDT provides lessons useful for consideration in the shaping of future health service programs.

- **The importance of careful planning before** beginning large-scale service delivery programs is evident from some of the early difficulties encountered by EPSDT. Its subsequent history, however, shows that creative program implementation can solve problems and minimize the chance of their recurrence.

- **Close federal, state, and local cooperation** are essential for the success of such programs.

- **Citizen's groups can be influential** in promoting such programs through legislative, judicial, and administrative channels.

- **Obtaining a high rate of client participation** requires outreach and follow-up activities in health care programs for low income clients.

- **Data collection, storage, and retrieval systems** are needed to handle the data processing tasks of large scale health service programs.

SECTION II

EPSDT: THE STATE LEVEL

ADMINISTRATIVE MODELS OF EPSDT IN THE STATES

EPSDT is a component of the Medicaid program. The law requires that a single state agency be responsible for administering Medicaid, although it can contract with other agencies to carry out some of the program's functions. The scope of the Medicaid program in each state determines the limits of eligibility, coverage of services, and the methods for reimbursing providers of health services to Medicaid clients in that state. Within federal minimum requirements, each state's program can differ in the services it offers, but each state is responsible for monitoring and evaluating program implementation at the local level. While Medicaid programs differ from state to state, three distinct organizational models can be identified: the program may be administered by the state welfare department; by the state health department; or by an agency combining both health and welfare functions.

The Welfare Model: In most states, EPSDT is administered by the welfare department. This department usually provides casefinding, transportation, and case management services, and subcontracts the provision of health care services to other public agencies, voluntary organizations, private groups, or individual providers. For example, a state welfare department may contract with the state health department for providing the screening component of EPSDT, since the health department has the facilities and expertise to furnish this service. Another frequently subcontracted task is reimbursement of providers. Private insurance companies such as Blue Shield which have the equipment and trained staff may be engaged by the state to perform this task.

The Health Department Model: In some states, the state department of health is responsible for administering EPSDT. The job of determining eligibility, however, rests with the

welfare department, since eligibility for EPSDT is dependent on eligibility for public assistance.

The Combined Health and Welfare Model: Where states have included health and welfare departments under one organizational umbrella, EPSDT is administered by this combined agency. While the functions of health and welfare may remain in separate units, the combined structure makes it easier to coordinate their activities without complicated interorganizational relationships.

CENTRAL & DECENTRALIZED ADMINISTRATION OF EPSDT

Generally, Medicaid is administered from a central office. Because centrally administered programs may not be sensitive to the special service requirements of diverse client populations, regional and local offices in some states have been given responsibility for adapting programs to meet the needs of local populations. Such locally administered programs are likely to be more effective than centrally administered programs. Some may encompass a number of counties, particularly in sparsely populated rural areas, while in more crowded urban areas a region may consist of only one city or even part of a city.

STAFFING PATTERNS IN EPSDT

In states where few people are directly involved in implementing Medicaid and EPSDT, the job of identifying and informing eligibles is handled by eligibility workers in the welfare department. This is usually a task which must be done in addition to their other duties and leaves them little time to offer supportive services which would facilitate client participation.

Since the emphasis of EPSDT has shifted from informing eligibles to actively reaching out to them and promoting participation, this staffing pattern is not adequate. Expanded staff and a revised administrative structure are needed. Therefore, staff assigned especially to EPSDT are being hired at the local level in a number of states. They are responsible for assuring that adequate arrangements are made for needed health care and that such care is provided.

Seventy-five percent of the salary for such staff and the cost of their training, travel, and supervision can be reimbursed from federal matching funds.

THE STATE AS A SERVICE PROVIDER

States may provide screening services but state health departments usually are not equipped to operate large scale diagnosis and treatment programs. These aspects of EPSDT are usually carried out by other public and private health service providers.

Even if a state has no direct part in providing health services it still remains responsible for ensuring that all eligible children receive the complete range of EPSDT services.

HOW IS EPSDT ORGANIZED IN YOUR STATE

We have described several organizational models of EPSDT. On the following chart you can fill in notes and comments about the EPSDT program in your state.

1. Who has administrative responsibility for EPSDT in your state?

2. What agencies cooperate in the operation of EPSDT?

3. With whom does your state subcontract for EPSDT services?

4. Who provides EPSDT services in your state?

5. How is EPSDT administered at the local level in your state? In your local community?

6. What are the names of people in other agencies with whom you work on EPSDT?

NAME: AGENCY:

SECTION III

EPSDT: THE LOCAL LEVEL

The local EPSDT agency is responsible for case identification and management. By having direct contact with clients and handling the paperwork entailed in these interactions, the local agency helps clients and providers establish an ongoing relationship. Such a relationship can help ensure continuity of care and preventive as well as remedial health services for eligible children. While some state EPSDT agencies carry out screening at the local level, few, if any, directly provide treatment. The EPSDT program mandates that ongoing treatment be available and that Medicaid pay for it whether it is received from public or private sources. The intent of the program is that Medicaid-eligible children obtain comprehensive initial health care and have access to continuing care as needed. EPSDT collaborates with the public and private sectors so that all eligible children can receive needed health services.

In many communities, there are a number of organizations, agencies, and programs furnishing services to EPSDT eligible clients. Since EPSDT workers may have to coordinate service delivery activities with these agencies, they should know about them. Some are publicly supported from tax revenues, others are private. Some provide health services, some provide social services, and some provide a mixture of health and social services. Most of the programs concentrate their activities in selected geographic areas or with specific client populations. It is important to know where these programs operate and who they serve.

PUBLICLY-SUPPORTED HEALTH PROVIDERS

Publicly supported providers of health services may receive their funds from federal, state, or local governments. Examples of such programs are:

Children and Youth Programs (C & Y): Programs established to provide comprehensive health care for a limited number of

children and youth furnish a variety of services ranging from diagnosis and treatment to nutritional and psychological counseling. Dental and nursing care are also provided, as are the specialized services of a number of health and mental health consultants. Services to children and youth in these programs are either centrally located in a clinic or hospital or are provided through a network of satellite offices.

Maternal and Infant Care Programs(M & I): These programs provide care for eligible expectant mothers and their infant children. They are often coordinated with C & Y programs. Supported by federal funds allocated under Title V of the Social Security Act, C & Y and M & I programs serve clients in low income ares. The clients of these programs are likely to include people eligible for EPSDT.

Community Health Centers: Community health centers include neighborhood health centers, part of the services originally offered by the Office of Economic Opportunity (OEO), and family health centers established under more recent federal public health programs. They provide health care to members of low-income and Medicaid-eligible families in selected areas.

Crippled Children's Services: Supported by Title V funds and administered by the state health department, crippled children's services focus on handicapping conditions including vision, speech, and hearing loss. Services may be provided in a hospital out-patient department, rehabilitation center, or through private non-profit organizations. In this program, children are referred to sources of care by a physician, and funds are provided on a federal-state matching basis.

Public Hospitals: Public hospitals, including municipal or county hospitals, provide care both for inpatients (those who remain in the hospital overnight) and for outpatients (those who visit the hospital to receive care but stay at home). Subsidized by public revenues, they provide services free to the indigent but are reimbursed for Medicaid eligible patients. While public hospitals remain a major health service resource in the com-

munity, they often do not have sufficient resources to meet the extensive demand for their services.

School Health Services: School health services usually consist of vision, hearing, and speech screening. If a handicapping condition is severe, the schools usually refer children for treatment which can be paid for by the crippled children's program. The schools also offer remedial and special education classes and counseling services.

PRIVATE HEALTH PROVIDERS

Private Practitioners: The majority of health services in the United States are provided by private practitioners working alone or in groups. They are usually paid a separate fee for each service they provide.

Private Hospitals: Private hospitals may be profit-making or non-profit. Most private hospitals, like public hospitals, provide both inpatient and outpatient care. Private hospitals operate on a fee-for-service basis and are reimbursed by Medicaid for eligible patients. People unable to pay for hospital services are often referred to a public hospital. Some private hospitals receive or have received funds from public and private organizations; as a result, they are enabled or required to provide care for low-income people.

Health Maintenance Organizations: The health maintenance organization (HMO) provides comprehensive health services, including basic or primary services and some specialized or secondary services. Some HMOs have their own hospital. Like neighborhood health centers, they serve people of all ages. Clients pay a fixed monthly fee regardless of how often they use the HMO. When Medicaid clients sign up with an HMO, Medicaid will not pay for medical services received from other sources.

Medical Foundations: Medical foundations, a variation of HMOs, are organized by physicians who are usually paid a separate fee by the foundation for each service they

provide.Clients have a wider choice of physicians available than they have in the prepaid group practice version of the HMO.

University Programs: A public or private university may offer special health services for some children. University research programs also sometimes provide services for children with selected health problems. Medical schools and university hospitals offer services similar to those of other private health providers.

SOCIAL SERVICE PROGRAMS

Since a child's health is seldom an isolated area of need, an EPSDT client may require a variety of other services. While the primary focus of the EPSDT worker's job is helping eligible clients receive EPSDT services, the worker should know about other available services.

Public providers of non-health services include the schools which maintain counseling and some special education programs; municipal recreation departments operating a number of activities for children and youth of all ages; public libraries and museums which offer special educational and cultural programs for children; and the courts and police which have special services designed to prevent delinquency and to help children and youth who have trouble with the law. State departments of welfare or social services offer protective services which focus on neglect and child abuse, homemaker services to help a family during periods when additional help in the home is needed, day care programs providing supplementary child care during part of the day, and substitute or foster care when an alternate home environment is needed.

Privately sponsored social service programs include church organized activities, ethnically oriented service agencies, recreational and community centers, special private schools, rehabilitation services, service agencies funded by non-public sources such as the community chest or red feather agencies,

and voluntary organizations which have programs for children and youth.

A number of programs focus on the special service needs and problems of children and youth. They include crisis centers, counseling for unmarried mothers, and programs for runaway youth. These may be ongoing programs or may be established to meet the needs of a specific situation and dissolved when their task is completed. They may focus on a specific client group or problem and offer limited services, or offer a multiplicity of services to a variety of clients. The EPSDT agency should keep an updated file on service programs and the assistance they provide, and EPSDT workers should keep files on their own contacts with these programs.

SECTION IV

QUESTIONS AND ANSWERS

The following questions and answers highlight information about the organization of EPSDT. Answers are provided to the questions referring to information presented in the booklet. You must furnish the answers to questions about EPSDT in your state. Your supervisor or the state EPSDT coordinating agency can help.

QUESTIONS

1. What role do the president and Congress play in EPSDT?

2. What federal agency has over-all administrative responsibility for EPSDT and all other health and welfare programs?

3. What agency administers EPSDT?

4. What role have citizens groups played in helping get EPSDT underway?

5. Which agencies in the state are responsible for EPSDT?

6. Name three public and three private kinds of health service providers.

7. What agency has administrative responsibility for EPSDT in *your* state?

8. With whom and for what does the EPSDT administering agency subcontract in *your* state?

9. Name three public and three private kinds of providers commonly used by EPSDT in *your* state.

10. Is *your* state EPSDT program uniformly administered or does it vary locally?

11. Whom could you consult to find out more about EPSDT in *your* state?

ANSWERS

1. The president and Congress set national priorities and are ultimately responsible for EPSDT. The Congress passes legislation and allocates funds for program implementation. The president encourages or discourages action by Congress and administrative agencies.

(If you could not answer this question, refer back to page 1 of this booklet.)

2. The U.S. Department of Health, Education and Welfare.

(If you could not answer this question, refer back to page 1 of this booklet.)

3. Health Care Financing Administration.

(If you could not answer this question, refer back to page 1 of this booklet.)

4. Citizens' groups have helped promote such programs through legislative, judicial, and administrative channels.

(If you could not answer this question, refer back to page 2 of this booklet.)

5. Public welfare, public health.

(If you could not answer this question, refer back to page 3 of this booklet.)

6.

Public	Private
(a) Maternal and infant care programs	(a) Health maintenance organizations
(b) Children and youth programs	(b) Private hospitals
(c) Crippled children's programs	(c) Private practitioners
(d) Community health centers	(d) Medical foundations
(e) Municipal and county general hospitals	(e) University programs
(f) School health screening	

(If you could not answer this question, refer back to pages 7-10 of this booklet.)

7-11. These questions refer to EPSDT in your state. Answers can be found in the chart you completed about the EPSDT organization in your state. Refer back to this chart on page 6.

EPSDT Information Booklets and Training Materials

- EPSDT: Overview
- EPSDT: History
- EPSDT: Administration
- EPSDT: Clients
- EPSDT: Child Health
- EPSDT: Service Tasks
- EPSDT: Orientation Training
- EPSDT: Follow-up Training

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